

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			101		4	
2		-	102	2		
3		-	103	4		
4		-	104	4		
5		-	105	4		
6		-	106	4		
7		-	107	4		
8		-	108			
9		-	109			
10	5		110	4		
11	1		111	4		
12			112	4		
13			113	4		
14			114	4		
15			115	4		
16			116	4		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	4					
27	4					
28	4					
29	4	4				
30	4	4				
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* 132	*	*
IND.	DEP.	IND.
51	2	
52	1	
53		
54		
55		
56		
57		
58		
59		
60		
61	5	
62		
63		
64		
65		
66		
67		
68	4	
69	4	
70	4	
71	4	
72	4	
73	4	
74	4	
75	4	
76	4	
77	4	
78	4	
79	4	
80	4	
81	4	
82	4	
83	4	
84	4	
85	4	
86	4	
87		
88		
89		
90		
91		
92		
93		
94	4	
95	4	
96	4	
97	4	
98	4	
99	4	
100	4	
TOTAL IND.	2	
TOTAL DEP.	256	
TOTAL CLAIMS	258	